Continuous Quality Improvement (CQI) Assessment Tool

Data from the period of January 1 through December 31 (year 1-2015 data, year 2-2016 data, year 3-2017 data) should be utilized to complete the assessment tool. Utilize data specific to the CQI system/jurisdiction. Many data elements identified in this assessment tool can be accessed from the IDPH EMS and trauma data registries. Other data sources may be used. Ensure all data utilized is consistently sourced during the project period to ensure valid comparisons. The following are minimum data element requirements, the CQI system/jurisdiction may identify additional data elements based on area needs or concerns. Data should be aggregated for all like institutions/agencies in the system. For example, if there are two hospitals, data from both hospitals should be combined and then assessed.

Prevention

1. Identify the top 10 causes of injury in the past year for the CQI system/jurisdiction i.e. falls, automobile crashes. (trauma registry-"Causes of Injury")
2. Identify the top 5 locations where trauma incidents occur i.e. home, farm, industrial site. (trauma registry-"Location site")
3. Identify percent of trauma patients in CQI system/jurisdiction that are male and percentage that are female. (trauma registry-"Gender")
4. Identify age demographic for injured. (trauma registry-"Age at date of Incident")
5. For incidents where safety equipment could be utilized (ex. MVC, ATV, bicycles, riding animals), identify percentage of injured that utilized safety equipment. (Trauma registry-equipment).

Training

Hospital Specific

1. Types of trauma training provided to hospital staff members:

Course	Total # possible to train	Total Trained	# of nurses trained	# of physicians or mid-levels trained	# of other personnel trained	Is this policy required training (yes/no)
TNCC						
ATLS						
PALS						
ATCN						
RTTDC						
Hospital specific trauma protocols/polices						
Other (specify)						

2. Identify the number of trauma related continuing education units (CEUs)/(CMEs) provided by the hospital to hospital staff members. (by course not by individual)

3. Identify the number of trauma related continuing education hours (CEHs) provided to EMS services within the CQI system/jurisdiction. (service specific and system wide, by course not by individual)
4. Identify the number of trauma related training hours provided by the hospital to EMS that does not meet requirements for formal CEH. (service specific and system wide, by course not by individual)
5. Identify the number of hours of trauma related prevention education provided by the hospital. (Community education-by course not by individual)

EMS Specific

1. Type of trauma training provided to EMS staff members.

Course	Total # possible to train	Total # trained	EMR	EMT	EMT-I	A-EMT	EMT-P	Paramedic	CCP
PHTLS									
BTLS									
PALS									
RTTDC									
Trauma specific protocols/polices									
Other (specify)									

2. Identify the number of trauma related CEHs provided to EMS by EMS. (by course not by individual)
3. Identify the number of hours of trauma related education provided by EMS that does not meet requirements to be formal CEH.
4. Identify the number of hours of trauma prevention education provided by EMS (community education-by course not by individual).

Performance/Outcomes Measurements

EMS Specific

1. Identify the total number of trauma patients treated within the CQI system (pre-hospital only, include scene fatalities where EMS was dispatched)
2. Based on out of hospital trauma criteria identify:
    a. Percent of trauma identified based on mechanism (trauma identified based on mechanism of injury/total number of pre-hospital traumas)
    b. Percent of traumas identified based on anatomical criteria (trauma identified based on anatomical injuries/total number of pre-hospital traumas)

3. Identify the mechanisms used to transport patients to the hospital. (trauma registry- "Transported to your Facility by")

Transport Mechanism	**Number**
Private Vehicle	
ALS Ground	
ALS Helicopter	
BLS Ground	
Fixed-wing Ambulance	
Police	
Other	
Not Known/Not Recorded	
Total	

4. Identify EMS response times (from time of notification to arrival on scene) by the following:
    a. < 8 minutes
    b. 8-15 minutes
    c. 15-20 minutes
    d. > 20 minutes
5. Identify EMS scene times (time from arrival on scene to departure from scene-transport services only) by the following:
    a. < 10 minutes
    b. 10-15 minutes
    c. 16-20 minutes
    d. > 20 minutes
6. Identify EMS transport time (time from departure from scene to arrival at most appropriate facility) by the following:
    a. < 30 minutes
    b. > 30 minutes
7. Identify the number of patients that improved during transport
8. Identify the number of patients that remained the same during transport.
9. Identify the number of patients that deteriorated during transport.
10. How did EMS determine the destination of care for the trauma patient?

Destination Determination	**Number**
Closest Facility	
Hospital of Choice (Patient)	
Specialty Resource Center	
Diversion	
On-line Medical Direction	
Not Transported (tiered response)	
Other	
Not Known/Not Recorded	
Total Number	

Hospital Specific

1. Identify the number of trauma alerts called at the hospital.

Trauma Alerts Called	**Number**
Full Trauma Alert	
Partial Trauma Alert	
Total number of Trauma Alerts	

2. Identify the number of times a physician was to the patient bedside in < 30 minutes.
3. Identify the number of patients with delays in transfer due to:

Cause of Delay	**Number**
EMS Issue	
Receiving Hospital Issue	
Referring Physician Decision Making	
Referring Hospital Issue-Radiology/Testing	
Weather or Natural Causes	
Other	
Not Known/Not Recorded	
Total number of delays	

4. Identify the hospital ED scene time for trauma patients (time from arrival to hospital to time patient is discharged, transferred, or admitted) by the following:
    a. < 30 minutes
    b. 30-60 minutes
    c. 60-120 minutes
    d. > 120 minutes
5. Identify the ED trauma transport time (time from when transfer dispatch is notified to the time care is transitioned for transport) by the following:
    a. < 15 minutes
    b. 15-25 minutes
    c. > 25 minutes
6. If patient was transferred, how did the hospital determine the destination of care for the trauma patient?

Destination Determination	**Number**
Hospital of Choice (Patient)	
Specialty Resource Center	
Not Known/Not Recorded	
Total Number	

Mortalities

1. Identify the number of trauma related deaths by the following:
    a. Number of deaths on-scene.
    b. Number of deaths occurring enroute to hospital (includes DOA at hospital-this is the initial transport to a hospital).
    c. Number of deaths at the hospital.
    d. Number of deaths during interfaculty transfers.
2. Identified the number of post mortem autopsies completed.

Chart Auditing

1. Identify times related to patients seeking treatment for traumatic injuries (time of injury to first interaction with medical provider) by the following:
    a. < 24 hours
    b. 24-48 hours
    c. > 48 hours
2. Identify the percentage of trauma alert charts audited by the hospital's trauma coordinator. Calculation: number of audited trauma charts/total number of trauma charts.
3. Identify the percentage of trauma related EMS transport charts (scene and inter-facility transfers) that were audited by the EMS service. Calculation: number of trauma related charts that were audited/total number of trauma related charts.
4. Identify the percentage of traumas where the transferring hospital was provided loop closure/outcome information from the hospital that provided definitive care. (need the total number of transfers as well) Calculation: total number of occurrences of loop closure/total number of patients transported.
5. Identify the percentage of trauma transfers (scene and inter-facility transfers) where EMS was provided loop closure/feedback/patient outcomes from the receiving facility. (also need total number of transfers) Calculation: number of times EMS loop closure was provided/total number of transfers completed.

	Name (list all that apply)
Data Pulled By:	
Assessment Completed By:	
Date Assessment Completed:	